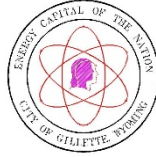


Application for Employment

City Website: <http://www.gillettewy.gov>
Email: humr@gillettewy.gov



201 E 5th Street
Gillette, WY 82716
(307) 686-5222 Fax (307) 685-8892
(307) 686-5261

CITY OF GILLETTE, WY

An Equal Opportunity Employer

Pre-employment drug screening is conducted for all positions within the City of Gillette.

POSITION APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

NAME _____
LAST FIRST MIDDLE
OTHER NAMES USED _____

MAILING ADDRESS _____
CITY STATE ZIP CODE

PRIMARY TELEPHONE NUMBER (____) ____ - ____ ALTERNATE TELEPHONE NUMBER (____) ____ - ____

EMAIL ADDRESS _____ REFERRAL SOURCE _____

May we contact you at work? YES NO If YES, TELEPHONE NUMBER _____

Are you over the age of 18? YES NO (For Police Officers in WY, the minimum age is 21)

Have you ever been employed by the City of Gillette? YES NO If yes, give dates _____

I understand, if hired, I will be required to provide proof of eligibility to work in the United States. YES NO

Have you ever been convicted of any law violation other than a minor traffic violation?
("YES" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.) YES NO

If yes, give details:

Are you related to anyone presently working for the City of Gillette? YES NO If Yes, list name _____

Do you have a valid license? YES NO Driver's License # _____ Class _____ CDL? _____ State _____
Expiration Date _____

Have you ever been dismissed or asked to resign from any position? YES NO

If yes, please explain

Professional References

List three (non-related) persons who can objectively assess your professional or scholastic performance.

NAME	TELEPHONE	YEARS KNOWN

Educational Background

COLLEGE/UNIVERSITY/TRADE SCHOOLS	CITY/STATE	CREDITS COMPLETED	DEGREE/ DIPLOMA	YEAR	MAJOR	MINOR
High School:						

Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		

Additional job history can be attached.

EXPLAIN GAPS IN EMPLOYMENT:

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications you would like us to consider including certifications and licenses.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and drug screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. I understand that if employed I will be hired at the will of the employer and my employment may be terminated at any time, for any reason or no reason, with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

CITY OF GILLETTE
INFORMATION TECHNOLOGY DEPARTMENT
PERSONAL HISTORY STATEMENT

Instructions to the applicant:

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position with the City of Gillette **Information Technology** Division. Please fill out the questionnaire completely and accurately. Please keep in mind that:

1. The completion of this form is mandatory for all applicants.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
4. All time periods in your background must be accounted for.
5. All addresses must be complete; include City, State and Zip Code.
6. All phone numbers require an Area Code.
7. Proper completion of this document as requested will be evaluated and used as one basis for employment decisions.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Deliberate omissions or deliberate misstatements of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

PLEASE PRINT IN INK – MUST BE HANDWRITTEN IN YOUR OWN HANDWRITING.

If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. Do not leave any space blank. If you need more space to respond to a question, use additional pages and identify the additional information by question number.

PLEASE NOTE – This information is required due to the level of sensitive information you will have access to.

PERSONAL INFORMATION

The information provided in this section is used for identification purposes only.

Legal Name: _____
Last First Middle

Other Names Used: _____
Maiden, Adoption, Aliases, Nicknames, etc.

Home Address: _____
Street Address City State Zip Code

Mailing Address (If different than above): _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Are you a U.S. Citizen? Yes ____ No ____

Date of Birth: _____ Sex: Male or Female (Circle)

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: _____
City County State

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

EDUCATION HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technological or trade school, indicate your course of study and whether you received a diploma or certification.

NAME AND TYPE OF SCHOOL LOCATION (CITY AND STATE)	DATES ATTENDED	DEGREE AND/OR CREDITS EARNED

ACTIVITIES

Clubs, community activities, hobbies, sports, etc.:

Leadership positions (indicate positions/organizations/dates held):

Awards, commendations or items of special recognition:

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes_____ No_____

If yes, please explain:

EMPLOYMENT HISTORY

List your complete employment record starting with your last or present employer.

All employment must be listed. Please include both the month and year in the date column and complete address and phone number. Also, all periods of unemployment must be accounted for. If additional space is needed, a separate page should be attached.

DATES	EMPLOYER NAME, ADDRESS & PHONE NUMBER	POSITION HELD; SUPERVISOR'S NAME & TITLE	RATE OF PAY	REASON FOR LEAVING

Have you ever quit a job rather than get fired? Yes_____ No_____

Please explain in detail the circumstances surrounding your termination/request to leave. Please include dates, name, address and phone number of employer, supervisor's name and all of the facts. If you have been fired/requested to leave more than once, please list each incident separately (attach additional pages if necessary):

Specifically, what was the allegation(s) made against you by your employer?

DRUG USAGE

Have you ever illegally used, possessed, bought, sold or delivered any of the following drugs?

Drug	Have Used?		Last Time Used			Number of Times Used			Details	
	Yes	No	Within last 24 months	Within last 2-5 years	More than 5 years ago	1 to 2	3 to 10	More than 10	Activity*	Last Date Used
Marijuana/THC										
Methamphetamine										
Cocaine										
LSD or other Hallucinogens										
Hashish										
Amphetamines (stimulants)										
Barbiturates (depressants)										
Heroin										
PCP (angel dust)										
Opium, Morphine										
Steroids										
Any designer drug MDMA (Ecstasy), GHB, Ketamine										
Peyote										
Mushrooms										
Synthetic Drugs (Spice, Bath Salts)										

*Please indicate in this column whether you used, possessed, bought, sold or delivered the substance indicated.

Have you ever intentionally inhaled with the intent to get high any paint, glue or other chemical vapors found in household products? Yes _____ No _____

If yes, describe your involvement (include dates):

Do others use illegal drugs in your presence? Yes _____ No _____ If yes, how often? _____ When was the last time? _____

Have you used cough medicine or any other over the counter drug to get high? Yes _____ No _____

If yes, explain (include dates):

Have you ever used legitimate pharmaceuticals not prescribed for you or abused medicine prescribed for you?

Yes _____ No _____

If yes, explain (include dates):

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you.

Please DO NOT list relatives or past/present employers!

REFERENCE #1

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #2

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #3

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #4

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #5

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

RESIDENCES

List all addresses where you have lived during the past seven (7) years, **beginning with your present address.** List date by **month and year.** Attach an additional page if necessary. Include apartment complex names and the office telephone number.

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

MILITARY SERVICE

Have you ever been a member of any branch of the United States Military? Yes ___ No ___

Branch of Service: _____

Date of Enlistment: _____ Date of Discharge: _____
month/day/year month/day/year

Military Job Title(s): _____

Special Schools/Training: _____

Awards/Commendations (type and date awarded): _____

Type of Discharge: _____

While in the military, were you ever convicted in a trial by court-martial? Yes ___ No ___

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Are you currently a member of a United States Reserve or National or State Guard Organization?
Yes ___ No ___

Branch of Service: _____ Grade: _____

Are you: Active: ___ Inactive ___ Standby ___

Organization/Station/Unit and Location: _____

FINANCIAL INFORMATION

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations from a risk perspective.

Have you ever filed for or declared bankruptcy? Yes _____ No _____

If yes, explain (include when, where, why):

Have any of your bills ever been turned over to a collection agency? Yes _____ No _____

If yes, explain (include when, firms involved, circumstance):

Have your wages or tax refunds ever been garnished? Yes _____ No _____

If yes, explain (include when, where, why):

Have you ever had court action taken against you for failing to pay child support?

Yes _____ No _____

Have you ever been delinquent on your financial obligations, income tax or other tax payments?

Yes _____ No _____

If yes, explain (include when, where, why):

Has credit ever been denied to you or canceled on you? Yes _____ No _____

If yes, explain: (include when, where, why):

Have you ever written a check that was returned for insufficient funds or because the account was closed? Yes _____ No _____

MISCELLANEOUS INFORMATION

Do you have any relative currently employed with the City of Gillette? Yes _____ No _____

If yes, give their name, position and the nature of relationship (i.e. parent, aunt, uncle, brother, etc.)

How have you prepared yourself to be an employee of the City of Gillette?

Why is becoming an employee with the City of Gillette important to you?

I hereby certify that there are not willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection of my applications, or if hired, termination of my employment.

Dated this _____ day of _____, 20 _____.

Applicant Signature